



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1615
Examiner : Simon J. Oh
Serial No. : 10/045,341
Filed : October 25, 2001
Inventor : Bradley Stuart Galer
Title : METHOD FOR TREATING NON-
: NEUROPATHIC PAIN

Customer No.: 035811

Docket No.: 1070-04
(BSG012US\1203-01)
Confirmation No.: 3845

Dated: May 7, 2004

Mail Stop AF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard
\$86.00 Check
Amendment Transmittal Letter, in duplicate
Amendment

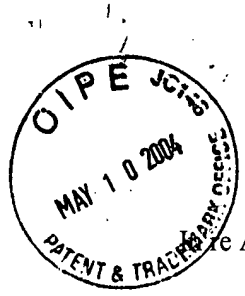
I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to **Mail Stop AF**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

Piper Rudnick LLP
Customer No. 035811

By: TR

Date: 7 MAY 2004



1FW AP/1615
#

Attorney Docket No.: 1070-04 (BSG012US\1203-01)

Re Application of Bradley Stuart Galer

Serial No.: 10/045,341

Filed: October 25, 2001

For: METHOD FOR TREATING NON-NEUROPATHIC PAIN

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

— Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

— A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

— No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) (Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 13	-	** 20 =	0
INDEP.	* 4	-	** 3 =	1
___ First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$
x43=	\$
+145=	\$

OR

RATE	ADD'L FEE
x18=	\$
x86=	\$86.00
+290=	\$

TOTAL ADDITIONAL FEE \$0 OR \$86.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.


☐ Please charge my Deposit Account No. 50-2719 in the amount of \$_____.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$86.00 is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.



T. Daniel Christenbury
Reg. No. 31,750
Attorney for Applicant

TDC:lh
(215)656-3381



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AMENDMENT

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated February 27, 2004, the Applicant amends the
Application as follows: